

Exhibit D

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August 9, 2011

ALSO ADMITTED IN
• NEW JERSEY
** NEW JERSEY AND FLORIDA
***NEW JERSEY AND PENNSYLVANIA

Office of The Attorney General
PO Box 080
Trenton, NJ 08625-0080

Department of Treasury
Bureau of Risk Management
PO Box 620
Trenton, NJ 08625
Attn: Tort Claims Unit


RE: DANIEL TRIPO
OUR FILE NO.: P-653

Dear Sir/Madam:

Enclosed please find a Notice of Claim on behalf of my client,
Mr. Daniel Tripo. Kindly forward confirmation of this claim.
Thank you for your attention to this matter.

Should you have any questions, please do not hesitate to contact
the undersigned.

Sincerely,



ANTHONY A. LENZA, JR.

AAL

Enclosure

cc: Post Polak Goodsell MacNeill & Strauchler, PA
425 Eagle Rock Avenue, Suite 200
Roseland, NJ 07068

FORWARD TO: TORT AND CONTRACT UNIT
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
PO BOX 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

TRIPO

DANIEL

LAST NAME

FIRST

MIDDLE

**165 DRIGGS STREET
STATEN ISLAND, NY 10308**

ADDRESS

**AMABILE & ERMAN, P.C.
1000 SOUTH AVENUE
STATEN ISLAND, NY 10314**

MAILING ADDRESS IF OTHER THAN ADDRESS

718-370-7030

Telephone

DATE OF BIRTH

SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

AMABILE & ERMAN, P.C.

NAME

SAME

**1000 SOUTH AVENUE
STATEN ISLAND, NY 10314**

ADDRESS

MAILING ADDRESS

718-370-7030

TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☒ OR

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

1/12/2010

DATE

TIME

ROBERT WOOD JOHNSON MEDICAL CENTER

EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

MEDICAL MALPRACTICE IN PROVIDING ANESTHESIA

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

SYLVIANA BARSOUM, M.D., 256 New Jersey Avenue, Newfield, NJ 08344;
RENU CHHOKRA, M.D., 34 Tanner Drive, Princeton, NJ 08540;
ARLEEN LAMBA, M.D., 11915 Meadow Vista Way, Clarksville, MD 21029.

These physicians were employed by UMDNJ and are currently represented by Post Polak Goodsell MacNeill & Strauchler, PA, 425 Eagle Rock Avenue, Suite 200, Roseland, NJ 07068 in the action Tripo v. Robert Wood Johnson Medical Center, et al., in the District Court of New Jersey under CIVIL NO. 11-2050-FLW-DEA

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

ROBERT WOOD JOHNSON MEDICAL CENTER, ONE ROBERT WOOD JOHNSON PLACE, NEW BRUNSWICK, NJ 08903

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

AWAKE BUT PARALYZED DURING SURGERY TO REPAIR MY FRACTURED STERNUM AND EXPERIENCED PAIN AND SUFFERING AND EMOTIONAL DISTRESS

9. THE AMOUNT OF THE CLAIM. 500000

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

PAIN AND SUFFERING DAMAGES DO NO CORRESPOND TO A CALCULATION. TO BE DETERMINED BY A JURY.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

8/9/2011

DATE

ANTHONY A. LENZA, JR., ESQ.

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT